Data-Driven Support Based on Clinicians’ Real-Time Needs

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SMI ADVISER PROJECT AIMS

EDUCATION ON EVIDENCE-BASED PRACTICE
Content Partners

DIRECT CONSULTATION TO CLINICIANS
SMI Experts

REALTIME AND ONGOING NEEDS ASSESSMENT
PsychPRO Registry / Communities

SUPPORT IMPLEMENTATION AND USE OF TECHNOLOGY TO ENHANCE CARE

SMI Care Team

NCPS  SW  Family
MD  RN  PhD
REFLECTION

A LOOK BACK SO WE CAN LOOK FORWARD
COVID-19 CHANGED OUR WORLD

Care for SMI shifted

- Telehealth delivery for most
- ACT programs tailored
- Clozapine tracking adjusted

Conferences shifted to Virtual Events
NEW NORMAL = A MANDATORY NEED TO ADAPT

• Needs become evident in real time as crises unfold
• Clinicians adapt evidence-based practices to work in modified form
• Technical assistance is shaped by what helps the front-line
WE REALIZED THE IMPACT ON SMI ADVISER

- Challenged some of our original assumptions around resources, needs, delivery
- Validated our investment in a data infrastructure
- Highlighted our ability to adapt
THE KEYS TO HOW WE ADAPT

• Technology pulls in real-time data from every level of our initiative
• Visualization uncovers macro- and micro-level trends
• Ability to drill down and respond to needs
HOW WE ADAPTED

A BLUEPRINT FOR REAL-TIME CHANGE
WHAT WE LEARNED ABOUT OUR AUDIENCE

ASSUMPTION

Our primary audience will be psychiatrists (physicians).

REALITY

Our audience is highly interprofessional.
HOW WE ADAPTED

Number of Unique Learners

- Other: 4619
- Psychiatrist: 3961
- Social Worker: 3858
- Psychologist: 1798
- Nurse: 1436
- Peer Specialist: 887
- Psychiatric Resident-Fellow: 681
- Physician Assistant: 563
- Counselor: 406
- Medical Student: 404
- Researcher: 299
- Physician (Non-Psychiatric): 159
- Pharmacist: 13

Total Learners: 25,000+
Increase Since April: 32%+
HOW WE ADAPTED

Added Sherin Khan, LCSW, to our Clinical Expert Team

Obtained approval to offer social work CE credits

American Psychiatric Association is approved by the ASWB ACE Program to offer social work continuing education according to approval details identified below.

ASWB recognizes the commitment of American Psychiatric Association, ACE Provider Approval Number 1743, to high-quality standards and best practices in continuing education for social workers.
WHAT WE LEARNED ABOUT TIMELINESS

ASSUMPTION

Our educational plans will primarily be driven by needs assessments collected in advance.

REALITY

Just in time learning based on current needs is of high value to clinicians.
HOW WE ADAPTED

We carved out room in the schedule to be responsive to hot topics

Mar 20, 2020 - May 31, 2020
Telespsychiatry in the Era of COVID-19
Addresses use of telemental health and video visits in the changing landscape surrounding the 2020 COVID-19 pandemic. [Note: This activity is not designated for CME, CE, or NCPD credit.]

Activity Type: OnDemand

Mar 26, 2020 - Mar 26, 2023
COVID-19 and Mental Health: Caring for the Public and Ourselves
Outlines how psychiatrists can support patients, communicate with family members and children, and be a resource to other providers during the COVID-19 outbreak.

Activity Type: OnDemand

Apr 15, 2020 - May 31, 2020
Serious Mental Illness and COVID-19: Tailoring ACT Teams, Group Homes, and...
A panel of experts will answer questions about arising best practices being implemented by ACT teams or to support those in supportive housing or group homes. [Note: This activity is not designated for CME, CE, or NCPD...]

Activity Type: OnDemand
How we adapted

We created tools to support immediate needs

Tips for Telehealth Billing During the COVID-19 Pandemic

Plan to get reimbursed for telehealth services? Then use this primer to identify the various types of telehealth visits and associated billing codes.

Keep in mind that guidelines change often during the COVID-19 crisis. Please reference the links below for the most current details.

TELEHEALTH VISIT

This is a real-time video visit and is a most common type of telehealth visit.

It must be a standard practice to perform a visit and should also be done at the same rate/amount.

It is a good idea to review the settings on your billing software to make sure it is accurate.

You can use the same COPs codes as in your regular office visits. Make sure to consult your notes on the addition of modifiers – modifier 45 should be used to indicate that the visit was a telehealth visit and a place of service code (POS) that identifies the location of the telehealth visit (02).

Most telehealth visits are 30-minute visits, extended during the COVID-19 crisis. The Health Insurance Portability and Accountability Act (HIPAA) allows you to extend visits for up to 60 minutes.

Information in such visits are the same that can also be temporarily provided by phone during the COVID-19 crisis.

HOW WE ADAPTED

+95

Real-time audio-visual mode to the end of the billing code. During the COVID-19 crisis, visits that you would typically be billing

HOW WE ADAPTED

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WHAT WE LEARNED ABOUT EDUCATIONAL FORMATS

ASSUMPTION

Our primary instructional modality will be one-hour webinars.

REALITY

Our audience also values shorter, alternative learning formats.
HOW WE ADAPTED

We are testing other short, interactive, engaging formats

- Clozapine/LAI Virtual Forum
- 20-minute webinars
- Video-based answer cards
WHAT WE LEARNED ABOUT CARE TEAM NEEDS

ASSUMPTION

Topics would be aligned with the discipline of participants.

REALITY

Interprofessional participation is the norm in our activities.
HOW WE ADAPT ED

Topics of highest interprofessional participation

- Burnout
- CBT for Psychosis
- Criminal Justice Involvement
- Physical Health
- Psychiatric Advance Directives
- Suicide Prevention
We created tools for use by all disciplines on the mental health team
WHAT WE LEARNED ABOUT EDUCATION UPTAKE

ASSUMPTION

There will be equal uptake across all learning modalities for each topic.

REALITY

Some topics are weighted towards particular modalities.
HOW WE ADAPTED

Top 3 Consult Topics from Virtual Learning Collaboratives

1. Psychopharmacology
2. Schizophrenia
3. Clozapine

Sample of Top Knowledge Base answer cards:

- What are clinical considerations for giving LAIs during the COVID-19 public health emergency?
  - Type: Knowledge Base (Clinicians)
  - Answered by: SMI Advisor LAI Workgroup
  - Date Answered: March 25, 2020
  - Topic: COVID-19
  - Tags: COVID-19, Long-acting Injectables

- What should clinicians know about haloperidol decanoate (“Haldol Dec”)?
  - Type: Knowledge Base (Clinicians)
  - Answered by: SMI Advisor LAI Workgroup
  - Date Answered: January 23, 2020
  - Topic: Psychopharmacology
  - Tags: Long-acting Injectables

- How do I interpret clozapine or norclozapine blood, serum or plasma levels, what do these mean?
  - Type: Knowledge Base (Clinicians)
  - Answered by: SMI Advisor Clozapine Workgroup
  - Date Answered: February 15, 2019
  - Topic: Clozapine
  - Tags: Clozapine, Psychopharmacology, Schizophrenia
WHAT WE LEARNED ABOUT THE LANDSCAPE

ASSUMPTION

We will be an umbrella.

REALITY

We are a puzzle piece.
HOW WE ADAPTED

We are partnering across organizations to minimize overlap and cover all gaps.
WHAT WE LEARNED ABOUT TECHNICAL ASSISTANCE

ASSUMPTION
We would focus mostly on disseminating evidence-based strategies.

REALITY
We would focus mostly on implementing evidence-based strategies.
We created more interactive, peer-to-peer modalities alongside expert-led modalities.
We launched a listserv for our Clozapine Center of Excellence and Long-Acting Injectable Center of Excellence.
WHAT WE LEARNED ABOUT CONSULTATIONS

**ASSUMPTION**
Clinicians would eagerly seek consultation through the website.

**REALITY**
Clinicians seek answers in many ways.
HOW WE ADAPTED

- Webinar participation has exceeded goals
- Increased time for Q&A
- We create answer cards for questions not answered during webinars

53,500+ Total Registrations

33%+ Increase Since April
WHAT WE LEARNED ABOUT INTENSIVE CONSULTATION

ASSUMPTION
Implementation sites would accept and adopt guidance on how to improve workflows around SMI.

REALITY
They are struggling due to COVID-19 and thin resources; it is a challenge to devote attention to change.
HOW WE ADAPTED

• Removed routine calls and work around their schedules
• Developed resources to address specific needs
EDUCATION NEEDS

YEAR TWO GAP ASSESSMENT LED BY NASMHPD IN COLLABORATION WITH NRI
YEAR 2 GAP ASSESSMENT

Areas identified to focus content development

- Manualized psychotherapy
- Assertive Community Treatment (ACT)
- High Utilization
- LGBTQ
WHEN RESOURCES DO NOT EXIST, SEND US QUESTIONS

1. Go to SMIadviser.org/submit-consult
2. Log in or create an account
3. Submit questions and receive guidance from an SMI expert

Ask any questions related to SMI care for special populations, where to find resources for families, or any other topics. Receive a response within one business day.
ACTION STEPS TO COLLABORATE WITH SMI ADVISER

Share information about SMI Adviser with your stakeholders
  • Partner Action Toolkit – SMIadviser.org/toolkit

Participate in and share our education and offerings
  • SMIadviser.org/education

Direct any questions to our consultation service
  • SMIadviser.org/submit-consult